## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

P10 EAST 12'", SUITE 14
DES MOINES, IA 50319
Fax: (515)281-4073
WWW.lowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

#### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMEN!	OR OFFICE RECEIVING	THE GIFT OR	BEQUEST
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Clarinda MHI		
Name of Department or Office 1800 N 16th Street	Clarinda, IA \$1632	
ailing Address City, State, Zip Code		
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	OFFICE:	
Suc Rehwoldt Haya		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Suz-RehwaldtHays@liowa,gov		
Email Address	Area Code & Telephone Number (if different from above)	
OONOR OF GIFT OR BEQUEST:		
Family of D. Nichols	<b>7</b>	
Name	c·	
	67.	
Mailing Address City, State, Zip Code	12/10 \$250.00	
· · ·	Date of Gift or Bequest Amount/Value	
Area Code & Telephone Number	— II — : ::::::::::::::::::::::::::::::	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Personal belongings donated to patients.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of	f the state or received by the Governor on behalf of the state.	
	·	
atement of Affirmation:		
Sue Rehwaldt Hays affirm that the gift or bequest reported	above is accurate. I further affirm that the information concerning the donor and	
sessment of the fair market value (if applicable) is correct and true to	the best of my knowledge.	
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(1x)/ 50m)	1/19/11	
Les flexests	1/13/11	
Signature (	Date	

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state		
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Clarinda MHI			
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632		
Mailing Address 712-342-2161	City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	OFFICE:		
Suc Rohwaldt Hays			
lame			
Mailing Address (if different from above) Suc.Rehwaldu Luys@iowa.gov	City, State, Zip (if different from above)		
mali Address	Area Code & Telephone Number (if different from above)		
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Clarinda, IA 51632			
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	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
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Provide a description of the gift or bequest and purpose thereof:			
Fleece throws for patients use.			
criteria to use this form:			
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Signature	Date		
	Date.		

#### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics

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#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Claric L. Mari			
Clarinda MHI			
Name of Department or Office 1800 N 16th Street C	Ilorindo. IA 31632	_	
falling Address City, State, Zip Code			
Area Code & Telephone No.		- 1	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:		
Sue Rohwoldt Haya	M		
Name		_	
Mailing Address (if different from above)	City, State, Zip (if different from above)	<=	
Suc. RehwaldtHays@inwa.gov	City, State, Zip (If different from above)		
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Clarinda, IA 51632  Malling Address City State 7in Code	10/10	သော ်	
Mailing Address City, State, Zip Code	12/10 \$10.00	-	
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Email Address (optional)	receiving department or office. If no value mark "0.00",	,	
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Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the s	tate or received by the Governor on behalf of the state.		
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Sue Rehwaldt Hays			
ossment of the fair market value (if applicable) is correct and true to the b	e is accurate. I further affirm that the information concerning the do	nor and	
	or my knowledge.		
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Signature		_	
	Date		

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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	E RECEIVING THE GIFT OR BEQUE	E81:	
Clarinda MHI			
Name of Department or Office 1800 N 16th Street	<b>pe</b>	Clarinda, IA 51632	
Mailing Address 712-542-2161	alling Address City. State. Zip Code		
Area Code & Telephone No.		<u> </u>	
ONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFF	FICE:	
Sue Rehwaldt Hays			
Name			
Mailing Address (if different	from above)	City, State, Zip (if different from above)	
Suc.RehwaldtHays@inwa.gov			
Email Address		Area Code & Telephone Number (If different from above)	
ONOR OF GIFT OR BEG	QUEST:		
Area Lutheran Churches			
Name			
	Iowa	,	
Mailing Address	City, State, Zip Code	12/10 \$1,200.00	
A Godo A Tola i Al		Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Nur	nber	"value is defined as "fair market value" of item as determined by	
Email Advisor (males at)		receiving department or office. If no value mark "0.00",	
Email Address (optional)	,		
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atement of Affirmation:			
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Y Signature		Date	
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Revised 06/08

#### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics

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Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state		
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FORM-GB

DEPARTMENT OR	OFFICE RECEIVING THE	GIET OR	REGUEST

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Name of Department or Office 1800 N 16th Street Charlede, IA 51632  Mailing Address City, State, Zip Code			
713-542-3161			
Area Code & Telephone No.			-
<u>ONTACT PERSON FOR RI</u>	ECIPIENT DEPARTMENT OR OF	FICE:	
Suc Rehwaldt Hays			
Name			
Mailing Address (if different from	m above)	City, State, Zip (if different from above)	
Suo.RehwaldtHays@iowa.gov			45
Email Address		Area Code & Telephone Number (if different from about	re 🕮
ANAD OF CIET OF SPAU	FOR		<b>36</b>
ONOR OF GIFT OR BEQU	E31:	<del></del>	88
Presbyterian Outreach Progra	am.		C.
Vame		_	
	Iowa	<b>     </b>	
failing Address	City, State, Zip Code	-      12/10	
		Date of Gift or Bequest Amount/Ve	lico*
Area Code & Telephone Numbe	er	<b>–</b>	
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		receiving department or office. If no value mark "0.00"	
mail Address (optional)			
Email Address (optional)			*******
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQ	UEST: 2
Clarinda MHI	
Name of Department or Office	Clarinda, IA \$1632
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	)S
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	
Suc Rehwaldt Hays	60
Name	Ō
Mailing Address (if different from above)	City, State, Zip (if different from above)
Suc.RehwaldiHayz@lowa.gov Email Address	Area Code 9 Total Land III and Conference and Confe
	Area Code & Telephone Number (If different from above)
OONOR OF GIFT OR BEQUEST:	
Employees of the Clarinda MHI	· ·
Name	
Iowa	<u> </u>
Mailing Address City, State, Zip Code	\$750.00
Ann Code 9 Taleston Number	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0,00".
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Provide a description of the gift or bequest and purpose thereof:	
Christmas gifts for patients of the MHI.	
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Receipt of any gift or bequest that is received by any department of the second	the state of received by the Governor on behalf of the state.
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Sue Rehmoldt Have	•
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XIII Source 272XX	1/13/11
Signature	Date